N	IISSOURI	DIVI	SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62$ – $03$	<b>1133</b> ′
DEP	RTMENT OF		/002 U7 49 STATE FIL	E NUMBER
DO NOT WRITE ON THIS STUB	AMENDED	<u> </u>	Registration District No	
			1. PLACE OF DEATH 2 2. USUAL RESIDENCE (Where deceased lived. If institut	ion: Residence before
VS 300				So Y admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  C. CITY  OR  OR	Inside Limits
Ι,	W	l I_	TOWN KANSAS CITY UNKNOWN TOWN KANSAS CITY	Yes 👿 No 🗋
	<u>                                      </u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If cutside, give location)	Reside on Farm
23 198	DATE		INSTITUTION GENERAL YES NO 4417 INDEP. AVE.	Yes No 🗗
3		1 <b> </b>	/Tunn ar mrinkl ar	oy Year
			JESSIE ANNA LAW DEATH 8	16 1942
- /			5. SEX  6. COLOR OR RACE  7. Married  Never Married  S. DATE OF BIRTH  Widowed  Divorced  9-10-1900  Months D	YEAR IF UNDER 24 HR
5 2		-		OF WHAT COUNTRY
6	<u> </u>		Housewife Various AT HOME UNKNOWN U.S	. <b></b> .
7 9	일	1	33. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR	WIFE
8 (2)				LAW
8 0	&     &		5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes, now or unknown) (If yes, give war or dates of service)	^
94201	ᇣᆝᆝᆝ	`	NO I VIALICE MURTHY THIS AND	EP / UE.
10	⋖		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  CAUSE OF DEATH (Enter only one cause per line accuse myocardial infarction	ONSET AND DEATH
	용병	Š	IMMEDIATE CAUSE (a)	<u> </u>
		DOCUMEN		7.
12.5 7 <i>→ 0</i>	HIS REC	9	Conditions, if any, which gave rise to	The state of
	<del></del>	5	above cause (a), stating the under lying cause last. DUE_TQ (c)	ii
	8 1 -   ·	<sup>3</sup> Z		
	တ္ ၂ ၂ ၂	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	disease condition given in PART I (a) there a pu	Pregnancy in last 90 days.
			19. "WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PA	
	AMENDWEN I	ICAL CERTIFICATION	PERFORMED?	KI II OI NOM 10.7
- I		Ĭ	20c. TIME OF Hour Month, Day, Year	
	₹	MEDIC	INJURY a.m. p.m.	
RIBBON		2	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
		S	WHILE AT WORK  farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK	
	READ		21. I attended the decessed from 8-16-62 and less saw her slive on 8-16	-62
		函	Death occurred at 8-16-62 835 P m on the date stated above, and to the best of my knowledge, from	the causes stated.
USE	SHOULD	유	22a. SIGNATURE (Degree Care) 22b. ADDRESS	22c. DATE SIGNED
	[S]	Ė į	22a. SIGNATURE (Degree CASTON) 22b. ADDRESS  22a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CENETRY OF CREMATORY 23d. LOCATION (City, town, or county)	8-20-62
_				(State)
	S S	臣回	Rusial X-20-1962 MT MORIAN KANSA) CITY. M	<u>lissouri</u>
	₩.	× 2	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
	=	l <sup>m</sup> ] <u>C</u>	CH. BLACKMANY JON LNC. K. C., MO. 8 -2 4-62 UI NULL FO	ng
			(Licensed Embelmer's Statement on Reverse Side)	$\sigma$

5. M. 1 . ( A

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or by			, Student Embalmer No
workir Studer	ng under my personal supervision.	Signed (Val	when B. Bair
	Signature of Student Embalmo	,	Licensed Embalmer No. 4888

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

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If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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